

\_\_\_\_\_  
Full Name of Party Filing Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone

IN THE DISTRICT COURT FOR THE \_\_\_\_\_ JUDICIAL DISTRICT  
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

IN THE MATTER OF THE ESTATE OF

\_\_\_\_\_

☐ an Incapacitated Person.

☐ a Minor.

Case No. \_\_\_\_\_

CONSERVATOR'S ACCOUNTING  
FOR ESTATES UNDER \$25,000.00  
(I.C. 15-5-419)

Fee Category: G5  
Fee: \$50.00

### Application.

This reporting form may be used when the amount of funds on deposit as shown on the Inventory or the last accounting is less than \$25,000.00. **It may not be used if the ward owns real estate or securities.**

### Instructions.

The purpose of this report is to give the Court as complete a picture as possible of the protected person's current financial situation.

1. Your reports are due as follows:
  - a. The first Accounting is due twelve (12) months from the date of your appointment.
  - b. Subsequent reports are due annually thereafter on your appointment date unless the Court orders a different schedule.
2. Please type or print clearly using black ink.
3. After completing this report, you must sign it, under oath (or affirmation) in the presence of a notary public or court clerk.
4. Keep a copy for your records.

5. Complete all sections of this report.

**Reporting Period – Explanation.**

Is this your first accounting? ☐ Yes ☐ No

If yes, your beginning date will be the date you were appointed conservator for the protected person.

This report covers the dates beginning \_\_\_\_\_ and ending \_\_\_\_\_.

If this is not your first report, the beginning date will be the same as the ending date reported on the prior report.

**Section I – Information About The Conservator And Protected Person.**

Protected Person's Name \_\_\_\_\_

Protected Person's Address \_\_\_\_\_

Conservator's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Address) (City) (State) (Zip)

☐ Check here if this mailing address is new. If you change your address, please notify the Court.

Email Address \_\_\_\_\_

If you are receiving compensation, is there a Court Order authorizing payment of fees?

☐ Yes ☐ No ☐ I do not charge fees

1. Housing.

a. Has the protected person moved in the past year? ☐ Yes ☐ No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

2. Has a separate guardian been appointed for the protected person?

☐ Yes ☐ No

Name of Guardian \_\_\_\_\_

Address and Phone Number \_\_\_\_\_

3. **Significant Actions or Substantial Change of Circumstances.** (Describe any significant actions you have taken as conservator regarding the protected person's property and funds during the reporting period, or any substantial changes of circumstances. List all assets that have been sold or otherwise disposed of and the details of the sale and attach supporting documentation).

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4. **Money Controlled by Protected Person.** Does the protected person have sole control over any money?

☐ Yes      ☐ No

If yes, please explain: \_\_\_\_\_

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**Section II – Balance or Amount On Deposit At End Of Last Account \$\_\_\_\_\_.**

**Section III – Income Received This Period.**

**Protected Person's Income for the Reporting Period.** (Report only the income received by the protected person. List the total income of the protected person during this reporting period, not your income.)

Description of Each Income Source	Amount Received for this Reporting Period
	Income
1. Social Security	\$ _____
a. Social Security Retirement Benefits	\$ _____
b. Social Security Disability Benefits	\$ _____
c. Supplemental Security Income Benefits (SSI)	\$ _____
2. Veterans Financial Benefits	\$ _____
3. Workman's Compensation Benefits	\$ _____
4. Other (describe) _____	\$ _____
5. Total	\$ _____

#### Section IV – Expenses.

Protected Person's Expenses for the Reporting Period. (Money paid to anyone on behalf of the protected person or his/her legal dependents. Do not include your personal expenses. Attach extra pages if necessary. Do not commingle your funds with those of the protected person. If there are shared expenses (because you or someone else is living with the protected person), report only the part of the shared expenses for the protected person.)

Expense	Amount of Expense for this Reporting Period
1. Cost of Care or Residential Need	\$ _____
2. Personal Spending by the Protected Person	\$ _____
3. Compensation Paid	\$ _____
4. Cable/Satellite Television Service	\$ _____
5. Other (describe) _____	\$ _____
6. Total	\$ _____

#### Section V – Current Balance On Deposit.

\$ \_\_\_\_\_  
(Attach Verification)

Date: \_\_\_\_\_

\_\_\_\_\_  
Conservator's Signature

STATE OF IDAHO                    )  
  ) ss.  
County of \_\_\_\_\_)

\_\_\_\_\_, being duly sworn, states as follows:

That (s)he is the conservator in the foregoing action; that (s)he has read the Accounting, and the facts therein stated are true to the best of his(her) knowledge.

SUBSCRIBED AND SWORN before me on this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public for Idaho  
Residing at \_\_\_\_\_  
Commission expires \_\_\_\_\_

## CERTIFICATE OF SERVICE

I certify that on (date) \_\_\_\_\_ I served a copy to: (name all parties in the case other than yourself)

☐ protected person

☐ protected person's attorney or guardian  
ad litem (if currently representing protected  
person):

\_\_\_\_\_

☐ parent or guardian with whom  
protected person resides (if any):

\_\_\_\_\_

☐ protected person's guardian  
(if a separate guardian has been appointed):

\_\_\_\_\_

☐ the following person(s) designated by  
court order:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ other:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ By mail

☐ By fax (number) \_\_\_\_\_

☐ By personal delivery

☐ Overnight delivery/Fed Ex

\_\_\_\_\_  
Typed/printed name

\_\_\_\_\_  
Conservator's Signature